

STAFF Health Screening Attestation Form rev 2/1/2021

Staff Name: _____

Date: _____

Title/Location: _____

The Office of the Superintendent of Public Instruction (OSPI) and Local Health Authority requires that staff and students undergo a health screening before entry to school each day. **Do you have any of the following symptoms within the last day that are NOT caused by another condition?**

Symptoms	Yes	No
A cough		
Shortness of breath or difficulty breathing		
A fever of (100.4 or higher) or chills		
A sore throat		
Diarrhea		
Recent loss of taste or smell		
Muscle or body aches		

Symptoms	Yes	No
Nausea/vomiting		
Congestion/running nose (not related to seasonal allergies)		
Fatigue		
Headache		
Have you been in close contact with anyone with confirmed COVID-19?		
Have you had a positive COVID-19 test for active virus in the past 10 days, or are you awaiting results of a COVID-19 test? *If you are participating in the Peninsula SD Testing Program and are NOT symptomatic or a close contact, this question does NOT apply.		
Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concern about COVID-19 infection?		

Per the Office of the Superintendent of Public Instruction (OSPI) and Local Health Authority, if the answer to any of the above questions is “yes” and the identified symptom(s) is not attributed to another health condition as documented by your health care provider, you must stay home or go home.

Signature: _____

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